



A digital/online educational module and monitoring/recommendations guidelines for trainers regarding the psychosocial support of refugees

IO4-Psychosocial Support through Communities' engagement & mobilization



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INTRODUCTION

1.1 The current refugee 'crisis'

- More than 55,000 people have been registered in settlements around Greece by the end of 2016 (Amnesty International, 2017), while more than 250,000 arrived in Greece only in 2015 (UNCHR, 2016)
- All numbers should be treated with caution. There is an inconsistency in numbers provided by different national and international institutions, which reflects factors relating to refugee populations and refugee movements.
- Reports by UNCHR country offices are drawn on various sources, such as governments, implementing partners, national and international programs. In addition, data are mostly collected under adverse conditions, reflecting diverse processes of identification, classification and codification, assessing levels of need in the pre-and post-migration contexts (Ong, 2003).
- The refugee 'crisis' is not new and is not unexpected (Freedman, 2016). Instability and conflict in certain areas of the Middle East and Africa were addressed by a policy focused on the securitization of the European borders and on the repression of trafficking and prevention of 'illegal' migration, instead of the protection of the lives of refugees.

Reception models (I)

- Reception models in the academic literature are mainly categorized in those where migrants/refugees search for benevolent societies in which they would build a future and in those in which migrants/refugees arrive and stay in countries with basic or no reception facilities (Derluyn & Broekaert, 2005).
 - Model I: The countries have gained experience in the formulation and the development of practices; the practices are mostly characterized by surveillance and social control, along with dominance of immigration processes at the expense of welfare approaches.
 - Model II: The basic facilities for refugees and asylum seekers are separated from the local communities and refugee integration is not among the main objectives.

Reception models (II)

- According to Castles & Miller (2003), the theoretical and methodological orientations with respect to migration are defined in four main models:
 - a) Push/pull theories (neo-classical economic theory, the notion of the migrant as rational agent estimating push and pull factors regarding migration)
 - b) Historical- structural model informed by Marxist political economy and emphasizing political power and economical inequalities (Bauman, 2004, Castells, 2002)
 - c) Migration systems theory, focusing on the interaction of macro and micro structures
 - d) Transnational theory, conceptualizing migration as a regular movement to places with economic, social or structural linkages (prominent in this theory is the notion of deterritorialisation and emphasis on the maintenance of ties and communities in deterritoralised contexts e.g. Appadurai, 1996. Bauer, & Thompson, 2006)
- All models have potential strengths and deficits and need to be examined in terms of how they are used by institutions and services and their effects on migrants (for further elaboration see Castles & Miller, 2003).

The Greek context (I)

- During the arrival of refugees, Greece had already been facing a long period of economic crisis and severe austerity measures. Economic turmoil was accompanied by a severe lack of adequate infrastructures to host the incoming population and by an ambivalent EU stance towards what was approached as a ‘refugee crisis’.
- The main components of the reception and refugee settlement were delegated to International and National Organizations along with the appointment of Refugee Education Coordinators from the Ministry of Education.
- Non Governmental Organizations (NGOs) in an attempt to cover the lacuna left by state policy responded to the immediate material and psychosocial needs of refugees, developing short or medium term services.
- Most national and international agencies that came to aid of the refugees were mostly concerned with basic humanitarian assistance, like health, food and shelter.
- At the same time refugees' psychosocial care needs originated from intertwining and overlapping issues amongst which housing, destitution and legal ambiguity in terms of the asylum process.

The Greek context (II)

- Most of the new coming refugees settled in refugee camps.
- Camps, meant to be temporary transit places, often resemble poorly resourced social spaces with potential risks (health, civil status and rights, environmental risks such as safety, conflicts, criminality).
- Given various funding streams behind NGO activities, educational and other initiatives were often stand-alone interventions lacking integration with other services or opportunities.
- Gradually, the difficulty in cooperation and coordination among groups or institutions working in the field, further charged the lack of a strategic plan and partnership within the European context.



Main rationale and objectives of the educational module

- The general objective of the educational module is aimed at
 - local community workers,
 - specialized psychosocial and
 - mental health care practitioners, and other humanitarian actors working with the refugee population.
- The module is based on the practitioners' experience and academic knowledge (relevant literature)
- It attempts to take into account the perspective of the NGO professionals and to move away both from a narrow policy-driven focus and from a problem focused perspective.
- It attempts to combine academic research with the world of policy/practice, claiming that academic research is a prerequisite for meaningful change in policy and services.
- It focuses on 'observable social realities' (Zelberg, 1984, p. 4), as documented by the practitioners' focus groups, desisting from legal and administrative definitions.
- It acknowledges that considerations of the refugee population welfare are constantly negotiated through shifting immigration laws.

Unhelpful vs helpful assumptions regarding the refugee population.

Unhelpful assumptions

Humanitarian categories that fix people in particular places and social positions (Brun , 2016).

Children viewed ‘as living in a shattered world that needs to be made whole’ (Watters, 2008)

Children been seen outside of their families/communities and cultural contexts. Risk of them being displaced by both their country of origin and their family/familiar cultural groupings when asked to conform to the structures of the host society

Refugees homogenised as having similar experiences and latent vulnerabilities

Psychological interpretation of displacement (Malkki, 1995)

Pathologizing of parents due to adverse experiences, being recognized as a risk instead of protective factor

Helpful assumptions

Acknowledgement of
the refugees' agency
(Sennet, 2006)

- refugees need to be acknowledged as competent agents of their lives, and not as passive recipients of aid and care

Role of innovative
methodologies

- adoption of multi-level approaches and limitation of methodological nationalism

The training module aims:

- to give participants an understanding of the need for a macro-, meso- and micro-contextual approach to the issue
- to locate helping in the context of to practitioners' and refugees' documented needs
- to set out the context and ethics in helping
- to provide skills and knowledge necessary for practitioners' work settings

1.3 Main resources and structure of the educational module

- The educational module is based on
 - a) interview and focus group accounts of practitioners,
 - b) academic experience and desk research of relevant literature as well as existing interventions and examples of ‘good practices’.
- We have reservations about the notion of ‘good practice’, since it gives support to the assumption that the alleged as good recommendations in one context need to be also adopted elsewhere. The context in which projects have been developed, such as the social and health care systems of particular countries, are extremely important for the sustainability and the quality of good practices (Watters, 2005).
- The medium or long term impact of a good practice could be militated from the broader international context, such as the European context in relation to Greece's initiatives.
- Good practices identified and presented below may be appropriately acknowledged as a series of ‘accomplishments’ achieved by dedicated professionals.

Structure of the module

- **Part I**
 - includes a brief presentation of the main thematic categories identified in practitioner's interviews. These categories are based on focus group discussions on the practitioners' experience of supporting refugees.

- **Part II**
 - includes some important assumptions and considerations from the relevant literature, such as debates on the conceptualization of 'crisis' and the rhetoric of emergency, models of integration, perspectives of psychosocial (humanitarian/political) interventions.

- **Part III**
 - includes examples of 'good practices'.

PART I

Exploring practitioners' experiences
and needs



Exploring practitioners' experiences and needs

- Our main interest focuses on the ways in which practitioners working with refugees in public services or NGOs make sense of their contact with refugees and their psychosocial support practices.
- We attempt to analyze how humanitarian workers experience their work (challenges and barriers) in protracted humanitarian crises, since practitioners in the field working as frontline workers are key persons for the refugees (Froyland, 2018),
- Practitioners' accounts were elicited by focus groups and interviews and the needs survey included the following stages:
 - Identification of potential participants (organizations and refugees) through an extensive list of national and international NGOs was compiled
 - Mobilization of participants and construction of interviews and focus groups guide
 - Data thematic analysis (Braun & Clarke, 2006).

Exploring practitioners' experiences and needs

- The main themes discussed in the focus groups and interviews with the practitioners concerned:
 - a) the ways they understand the needs of the refugee population they work with;
 - b) the ways in which they seek to translate these ideas into their practice; and
 - c) the role of practitioners in the NGOs in relation to the refugees' psychosocial wellbeing.
- Data were analysed using a hybrid inductive-deductive approach and the main thematic categories that emerged are presented below

2.1 Thematic categories

1. Professional (working) identity

1.1 *Uncertainty, precariousness in terms of:*

- **Professional roles and boundaries:** Different roles, approaches, perceptions, rules
- **Working places:** Continuous transfers from one place (camp) to another or from one NGO to another, or geographical transfers from the camps to community centers in the city
- **Working contexts:** Lack of a stable working context and of a sense of belonging
- **Political scenery:** Lack of experience, lack of a long term strategic planning, ambiguous and uncertain national and European legal contexts, lack of experience of international NGOs with the Greek system, change of provisions.
- **Mobility of the population:** Temporality in terms of chronic uncertainty regarding refugee legal status and integration or moving on.
- **Ability to plan or schedule long term activities for refugees:** Lack of a clear strategic national or international policy.

1. Professional (working) identity

1.2. Participants' motivation for working with the refugee population

- Need to help, to resist racism, to contribute as part of a solution
- Sense of personal responsibility,
- Sense of worthiness

1.3. Practitioners as receivers of mistrust and complaints from:

- The refugees
- The community
- The volunteers

1.4. In-service training

- Lack of previous specialized training (including psychosocial, legal and medical issues and issues of cultural awareness)
- Lack of long term training
- Lack of consistent supervision and reflective practice

2. Organizational-Administrative context

2.1 *Competition among NGOs*

- Given various funding streams behind NGO activities, educational and other initiatives are often stand-alone interventions lacking integration with other services or opportunities.
- Most national and international agencies that came to aid of the refugees were mostly concerned with basic humanitarian assistance, like health, food and shelter and were attempting to define their working place.

2.2 *Limited information sharing and exchange-collaboration issues within NGOs and state services*

- Lack of adequate communication within the NGOs,
- Issues of confidentiality and reservations (protection of private personal data, UNCR's reluctance to share information and data)
- Interagency collaboration issues with municipalities and/or police (conflicting jurisdiction and competence between NGOs and governmental policy and practice).

2. Organizational-Administrative context

2.3 Bureaucratic difficulties:

- Division of jurisdiction and relevancies between two ministries (Labor and Immigration),
- Lack of coordination with the state authorities of the refugees' countries of origin, due to crisis (e.g. countries at war).
- Lack of continuity of care
- Inadequate evaluation of the projects: quality of quantitative assessment, need for continuous evaluation
- Politics as a major barrier for the actual implementation of psychosocial support

2.4 Short term NGO planning

- Inadequate coordination and division of labor,
- Inadequate funding
- Inadequate infrastructure
- Restrictive time schedules

2. Organizational-Administrative context

2.5 Lack of a functional welfare state in Greece

2.6 Profiting from providing support :

- Refugees as consumers of services
- Financial profit from non integration
- NGOs as private companies looking after their own interests.

3. Community integration

3.1 Citizens' negative and positive attitudes towards the refugees

- Positive perceptions: Proactive engagement of the host community in welcoming the refugees and establishing integrative practices
- Negative perceptions: Hostile inhabitants/ fearful reactions/ racism/ societal mistrust/ too many stereotypes about refugees

3.2 Conceptualising integration:

- Need for raising awareness of the local receiving communities, as a shield to misinformation and media fake news
- Integration as a mutual process
- Integration as incompatible with settlement in the refugee camps
- Integration as incompatible with refugees' will to move on

4. Challenges in contact with the refugee population

4.1. Language

- Communication/language difficulties as an obstacle to integration
- Need for training in both native and Greek (as a second) language for the children

4.2. Asylum decision-making procedures

- Need for information regarding the obstacles of the route to Europe (idealizing Europe as a promised land)
- Need for information regarding eligibility criteria of the asylum process
- Sticky time - Lengthy waits involved in bureaucratic procedures (applications, interviews, judicial hearings) end up in frustration and stress over the possibility of staying permanently in Greece.
- Refused asylum claims and unwelcome decisions: Frustration, seeking for legal or illegal ways to move on.

4. Challenges in contact with the refugee population

4.3 Refugee Education

- Refugee students fluidity: Lack of information regarding the length of stay and the status of the refugees
- Variety of educational interventions: Approaches varying from accelerated learning programs, community based education, remedial classes, basic literacy and numeracy, catch-up programs, and psychosocial activities.
- Specific vs global educational programs: Global education policies are not always the best to be implemented in diverse cultural contexts.
- Mistrust towards school integration in relation to refugee plans for moving on

4.4 Continuous change of refugee conditions

- Change of the refugees' demographics and needs overtime
- Constant movement: From the camps to the city, feelings of isolation, alienation,
- Need for a shift to community support systems

4. Challenges in contact with the refugee population

4.5 Cultural issues

- Need for cultural mediators
- Emphasising gender differences
- Psychologising cultural differences
- Differentiating between urban and agricultural population needs

4.6 Passivity vs agency

- Immobilization, passivity, dependency, slow integrative practices
- Lack of self-help organisation initiatives
- Lack of initiatives oriented to refugee empowerment in terms of access to health, work, housing, human rights

4.7 Special groups

- Adolescents and youth: Facing double transitory processes, traumatic experiences, delinquency issues, school drop out
- Children: Unaccompanied minors, detention in prison, guardianship issues
- Refugees facing trauma, separations, false hopes

2.2 Strengths and limitations in practitioners; discourse

Strengths

Professionals addressing real needs in the present, such as accommodation, legal advice, health problems, family reunification

Professional roles enriched by a combination of disciplinary approaches

Useful or even necessary shifts (in contexts with shifting laws/policies and refugees on the move) between locations and institutions

Flexible task orientation

2.2 Strengths and limitations in practitioners' discourse

Limitations

Short term duration/ insecure funding/ marginal status

Staff morale

Uncertainties concerning the programs' viability

Practitioners' uncertainties mirroring the refugees' uncertainties

Lack of continuity in terms of support

Low impact and influence in promoting changes in policy and practice

PART II

Findings, assumptions and considerations
from the relevant literature on refugee
needs

3.1 Constructing the refugee crisis: emergency end temporality

- Widespread rhetoric of crisis
- Rhetoric of emergency → discontinuity, decontextualization, crises became normality
- The issue of temporality → serves as a metaphor for instability and powerlessness, leads to uncertainty and precariousness, “permanent impermanence”, affects coping strategies
- Refugee camps → temporal stay but of unknown duration; refugees can’t settle, practitioners can’t act.
- This condition is related to a state of exception (Agamben, 2005)

State of exception (Agamben, 2005)

policies

- Policies in industrialized world based on rapidly shifting laws construct a sense of perpetual crisis

politics

- Political discourse links refugees with terrorism and security concerns

media

- Media induce anxiety about the flooding of countries by migrants and refugees.

Securitization and Border politics (Gunay, & Witjes, 2017)

The work that practitioners are asked to do is embedded into a broader context with the following characteristics:

- Debates on border security within Europe.
- Policing and governing issues, humanitarian border work (Pallister-Wilkins, 2015; Williams, 2015), border practices such as identification/ verification.
- Restrictions in movement and access to certain spaces determined by authorities
- Constructions of identity that are connected to notions of place or belonging (Dixon, & Durrheim, 2000)

2. Constructing the refugee experience

- Refugee experience is not homogenous
- Language of loss prevails
- Refugees' strengths and the social/political context is not considered
- Good practice allows sites of resistance, and acknowledges the active role of refugees in living and planning their lives

Useful concepts questioning homogeneity of refugees

Racialisation

(Fanon, 1967)

- ‘Race’ and ethnicity change over time and are different in different situations. They are made socially significant, rather than being natural or fixed.

Intersectionality

(Crenshaw, 1997)

- The term states the different ways of thinking about how we all belong to several social groups at the same time, such as gender, class, sexuality and ethnicity, among others.
- The different groups we belong to, have varied amounts of power in relation to other groups.

Transnational turn

- In anthropology, it means the study of human beings in motion, and not a trans-cultural static condition (Michail, 2013).
- Instead of regarding migrants as agents moving between two or more ‘bounded and separated worlds’, it helps us to understand the experience of migration as a continuum.

3.3 Constructing the refugee children

- The negative effects of forced migration on psychological and emotional well-being of [separated] children are well delineated in the empirical and clinical literature
- Shift of the research from the identification of risk factors and trauma-based interventions to a broader eco-systemic, resilience based approach focusing on multimodal interventions (Erudar, Huermer, & Vostanis, 2017)
- High income countries → relatively well developed mental health services
- Low and middle income countries → lack of explicit policies and organized service systems
- According to Watters (2009) and Ingleby (2008) refugee children needs are often approached in terms of three lines of research and practice: a) Child development b)Trauma and c)Risk and resilience



Approaches of research and practice for refugee children

a) *The child development approach*

- Developmental approaches are mainly based on Western norms and values.
- Practitioners supporting refugee children need to approach children's psychosocial development in terms of their culture and to critically reflect on practices oriented to refugee children

b) *The trauma approach*

- Dominance of trauma discourse in research and policy formulations
- psychiatric imperialism led to the prevalence of a therapy culture that undermines traditional models of support and refugees' engagement in finding out their priorities

Two frameworks of programs regarding refugee children (Berry et al., 2003)

Trauma approach

- Impact of adversities on children's mental health.
- Needs assessment in relation to PTSD
- Technical expertise
- Individual children

Psychosocial approach

- Impact of a range of problems on children's social and emotional well being
- Needs assessment in relation to the community of refugees
- Community based, resilience
- Groups of children in their communities

Approaches of research and practice for refugee children

c) The risk and resilience approach

- Tokenist use of the resilience concept, often embedded in policy document and research reports discussing mainly the numerous risks and vulnerabilities associated with refugee population
- Apfel and Simon (2000), stated that resilience depended on the social interactions-needs to be acknowledged in terms of resourcefulness, curiosity and intellectual mastery, flexibility in emotional experience, having goals for living, a vision of moral order, among a list of qualities
- Overall, refugee children are normal children facing sometimes extreme experiences

4. Acculturation and educational integration

- Integration both in education, as well as in other social contexts constitutes a multifaceted and dynamic process that involves a continuous inter-play between self and socio-political and historical forces
- Schools are not just about education: They are ‘contact zones’ of multicultural classrooms (Pratt, 1991). The school classrooms need to be acknowledged as social spaces where cultures meet, clash, and grapple with each other, often in contexts of highly asymmetrical relations of power, such as colonialism, slavery, or their aftermaths as they are lived out in many parts of the world today.
- **However:**
 - Quite often, manifestations of multicultural education in the classroom are acknowledged as superficial and trivial celebrations of diversity, such as singing ‘ethnic songs’, eating ethnic food and the like, being disconnected from critical race education theories and practices.
 - On the other hand, a colorblind perspective evident in the way curriculum presents migration, presumes a homogenized ‘we’, in a celebration of diversity.

PART III

Examples of good practices

Good practices

According to Watters (2005), a multi-level approach towards identifying good practices needs to include the following elements:

- Access and entitlement
- Participation
- Holistic practice
- Interagency collaboration
- Cultural sensitivity
- Evaluation

4.1 Migration and psychosocial support good practices

4.1.1 Good practice in social care for refugees and asylum seekers: Social Care Institute for Excellence, SCIE, 2010

1. Rights-based approach
2. Organizational commitment
3. Development of strong multi-agency partnerships
4. Strategic approach
5. Involving refugees and asylum seekers
6. Workforce development
7. Monitoring and Review

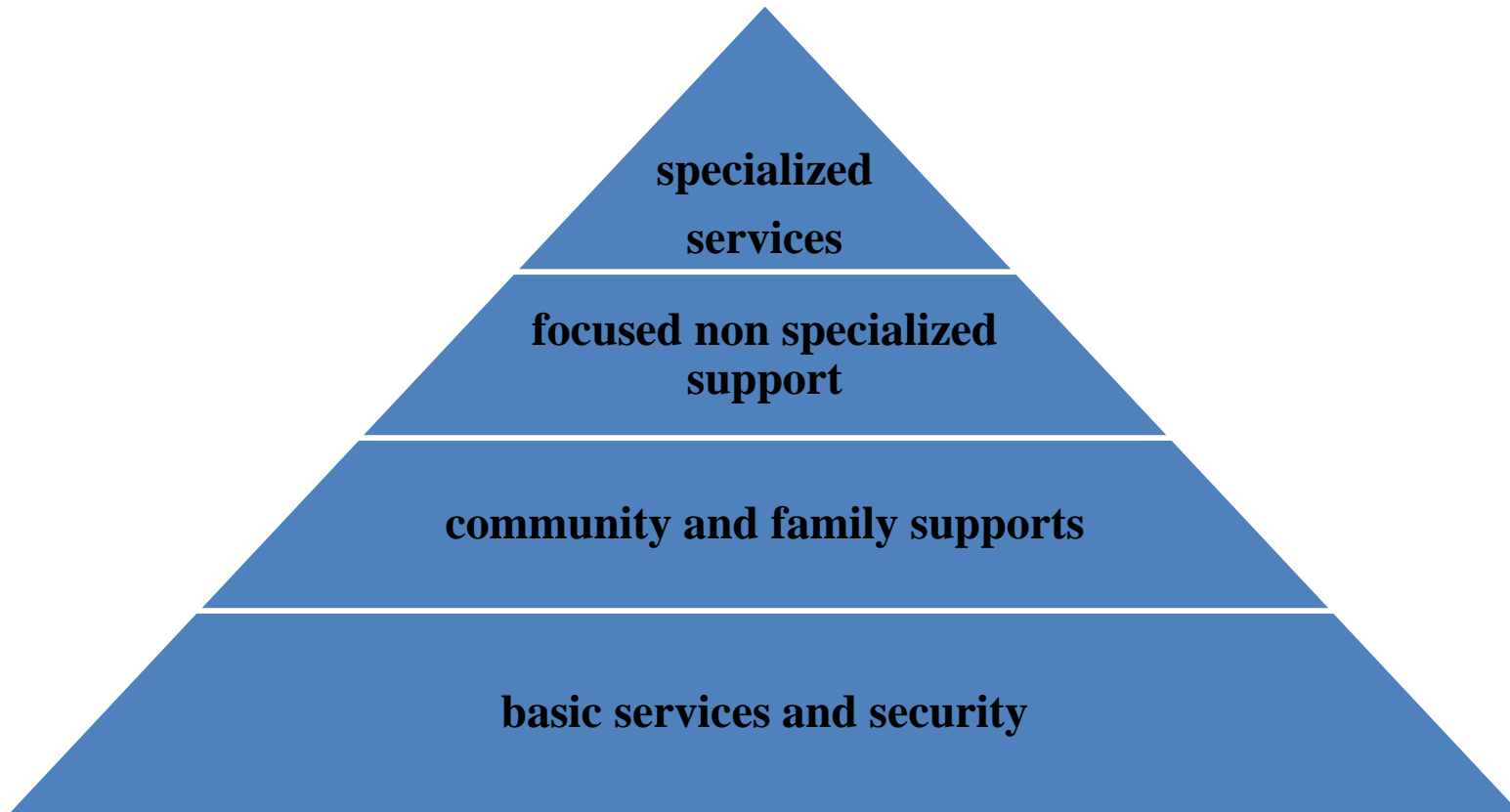
Source: Social Care Institute for Excellence, SCIE, 2010 (retrieved from <https://www.scie.org.uk/children/>)

4.1.2 Good practice in social care for refugees and asylum seekers: Children (Social Care Institute for Excellence, SCIE, 2010)

- Provision of safe, age-appropriate accommodation
- Support for refugee families – including a focus on child welfare, not only on child protection
- Families may have poor quality housing and insufficient means to support themselves – in such cases action to address child poverty needs to be taken
- Support may need to be considered for children who are caring for a parent with social care needs
- Assessment and access to appropriate services should be available for children and young people who have been trafficked
- Independent age assessment involving a thorough assessment of the child's social and cultural combined with detailed medical and psychological observation
- Engagement in age-appropriate training and education and the provision of leisure activities
- Careful thought needs to be given to the process of transition from children's to adult services. For those children and young people in families, good practice in meeting their needs will be intertwined with the quality of response to their parents, as necessary

Source: Social Care Institute for Excellence, SCIE, 2010 (retrieved from <https://www.scie.org.uk/children/>)

4.1.3 The Inter-Agency Standing Committee (IASC) Intervention pyramid for mental health and psychosocial support



Source: IASC Intervention pyramid for mental health and psychosocial support, 2010 (retrieved from http://www.who.int/mental_health/emergencies/guidelines_iasc_mental_health_psychosocial_june_2007.pdf)

Defining levels of intervention ((IASC, 2007)

Do's

- Establish one overall coordination group on mental health and psychosocial support
- Support a coordinated response, participating and validating the work of others
- Tailor assessment tools to the local context
- Recognize that people are affected by emergencies in different ways
- Ask questions in a safe, supportive manner that respects confidentiality
- Pay attention to gender differences
- Check references in recruiting staff and volunteers and build the capacity of people from local and affected communities
- After training on psychosocial support, follow up supervision and monitoring are necessary
- Facilitate the development of community-owned, managed and run programs
- Build local capacities, strengthening the existing resources of affected groups
- Learn about, and where appropriate, use local cultural practices
- Build government capacities and integrate services in community mental health services
- Organize access to a range of supports
- Establish effective systems for referring and supporting severely affected people
- Develop locally appropriate care solutions for people at risk of being institutionalized
- Use channels such as media to provide accurate information
- Seek to integrate psychosocial considerations as relevant into all sectors of humanitarian assistance

Defining levels of intervention ((IASC, 2007)

Don'ts

- Do not create separate groups on psychosocial support that do not coordinate with one another
- Do not work in isolation
- Do not conduct duplicate assessments or uncritical data
- Do not use non validated assessment tools
- Do not assume that everyone in an emergency is traumatized or that people who appear resilient need no support
- Do not assume that the impact of adversities is the same or the interventions equally adequate for both men and women
- Do not use recruiting practices that weaken existing local structures
- Do not use one-time or short trainings
- Do not use a charity model that treats people as beneficiaries
- Do not organize supports that undermine local responsibilities
- Do not assume that all local cultural practices are helpful
- Do not create parallel mental health services for specific subpopulations
- Do not establish screening for people with mental health problems without an appropriate place and accessible care services
- Don't institutionalize people unless temporarily for care protection
- Do not show media that sensationalize people's pain
- Do not focus only on clinical activities in the absence of a multi sector response



4.1.4 Innocenti Research Center (IRC's) Guiding Principles for Psychosocial Programs

- Listening before acting: Our work shall be based on careful listening and respecting what children, adolescents, families and communities are saying;
- Genuine respect for the culture of the affected population;
- Assisting people to recover and supporting their resilience: interventions will build on the affected population's resources and current and traditional ways of coping, when they are in the best interest of the child;
- Promoting interventions that contribute to reestablishment of normal daily life so that children may resume their age-appropriate developmental course;
- Promoting and supporting interventions which preserve and reinforce the cohesion of the family, and discouraging any which risk separating children from their families, unless it is in a child's best interest;
- Involving children, their families and communities in the psychosocial recovery process;
- Promoting activities and opportunities to allow children to express their experiences and feelings in culturally appropriate ways in order to make meaning of these experiences and to integrate them into their lives, only if we are certain that no harm will ensue as a result of disclosure, and o we can ensure further comfort and help
- Continually re-examining our work, emphasizing evaluation and research for the purpose of:
 - ensuring that our psychosocial programs incorporate the above principles,
 - improving the quality and effectiveness of our programs,
 - contributing to the body of knowledge on how best to help war-affected children and adolescents, in terms of both theory and practice.



4.1.5 The British Psychological Society's Code of Ethics and Conduct (2009)

- Do no harm in all activities, interventions, research and other psychological work.
- The best interests of the individual must be the primary consideration,
- Swiftly identify those who are particularly vulnerable
- Be aware of context
- Adopt a rights-based approach
- Adopt human rights principles of inclusivity, non-discrimination, participation and cultural and gender appropriateness in all aspects of psychological work
- Ensure access to professional interpreters, qualified and skilled in working with children and/or adults.
- Collaborate and work in partnership with other professionals and agencies to ensure needs are addressed as holistically as possible.
- Make sure clear information is given, and that appointments are scheduled at suitable times
- Use professional interpreters, especially if trafficking is suspected.
- Maintain boundaries,
- Maintain good contacts with other health services and NGOs
- Ensure supervision for yourself to avoid vicarious trauma and to reflect on the process

Source: The British Psychological Society's Code of Ethics and Conduct (2009)(retrieved from [https://www.bps.org.uk/sites/bps.org.uk/files/Policy%20-%20Files/Code%20of%20Ethics%20and%20Conduct%20\(2009\).pdf](https://www.bps.org.uk/sites/bps.org.uk/files/Policy%20-%20Files/Code%20of%20Ethics%20and%20Conduct%20(2009).pdf))



4.1.6 Supporting/working with refugee communities BPS, 2009

People from many cultural backgrounds have a wealth of ways of dealing with psychological distress or mental health issues and you may find that there are a range of other ways of considering mental health and wellbeing (Fernando, 2014; Tribe, 2014).

Arguments over the field of 'global mental health' (Summerfield, 2012; White, 2013).

Some mental health professionals argue that the issues largely remain the same regardless of culture and context (Patel & Prince, 2010) but others contest this view and see the imposition of concepts developed in high income countries as a form of neo-colonialism which may undermine long-standing practices (Mills, 2014; Summerfield, 2012).

Psychologists are increasingly being encouraged to work in a more inclusive and participatory manner.

Issues of power need constant consideration in this situation.

4.2 Childhood and migration

4.2.1 Ways the refugee experience affects children

(The British Psychological Society's Code of Ethics and Conduct, 2009)

Parental distress and anxiety can seriously disrupt the normal emotional development of their children.

Children often lose their role models in a refugee situation.

Separation from one or other parent, very often the father in circumstances of flight, can deprive children of an important role model.

Even when both refugee parents are present, their potential for continuing to provide role models for their children is likely to be hampered by the loss of their normal livelihood and pattern of living

In many refugee situations, the language, religion and customs of the local population in the country of asylum, as well as that of officials and aid workers may be quite different from those of the refugee community.

In such cross-cultural situations, in particular in the context of resettlement, children frequently 'lose' their culture much more quickly than adults

4.2.2 Extended stay in camps

(The British Psychological Society's Code of Ethics and Conduct, 2009)

Refugee children are restricted in their freedom of movement, grow up dependant on care and maintenance support, and often live in poor conditions.

The situation and limited day-to-day occupation of parents and the refugee community have changed, leaving children feeling lost and isolated and without traditional role models

Extremes of behavior in children, who may become either passive and submissive or aggressive and violent.

Effects on adolescents, particularly those without accompanying family members, range from depression, apathy, delinquent behavior or aggressive acts to situational mental disturbances, drug abuse and suicide which in many cases may also be a reflection of the high level of anxiety and despair within the refugee community as a whole

4.2.3 Supporting refugee children

Decisions about a child's best interests can often be difficult
(The British Psychological Society's Code of Ethics and Conduct, 2009)

Making a long term plan for an unaccompanied minor requires a decision about a child's *best interests*. A child might be an orphan living in a refugee camp, with grandparents in the country of origin, an uncle in a second country of asylum, and with an unrelated family in another country that would like to adopt the child.

In deciding what is best for the child many factors would have to be considered, including 'the desirability of continuity' of culture and language (art. 20), the preservation of family and nationality (art. 8), and the child's own desires, which must be considered according to the child's 'age and maturity' (art. 12).

The participation of children in decision-making helps adults make better choices because they are better informed of the thoughts, feelings and needs of the children.

Participation also meets a developmental need. It is through participation that children learn decision-making skills and gain the confidence to use those skills wisely.

4.2.4 Indicative Check-list for cultural issues

(The British Psychological Society's Code of Ethics and Conduct, 2009)

Is the economic self-sufficiency of refugee families being promoted as a means of enabling them to live the life they prefer?

Are cultural, religious and social preferences of refugee families respected in assistance programs?

Do living arrangements enhance and protect cultural, social and religious values?

Are participatory strategies being implemented in the planning and implementation of refugee services?

Is the children's native language used and taught to the children?

Is adaptation to the cultural and social values of the host country and community being promoted?

Are sports events and recreational activities promoted?

Are coercive religious and cultural practices by assistance agencies monitored and countered?

4.2.5 Detention

(The British Psychological Society's Code of Ethics and Conduct, 2009)

Unfortunately, refugee children are sometimes detained or threatened with detention because of their own, or their parents', illegal entry into a country of asylum

Alternate accommodation: Strong efforts must be made to have them released from detention and placed in other accommodation. Families must be kept together at all times, which includes their stay in detention as well as being released together.

Refugee children must comply with the laws of the country of asylum, in the same way as adults.

4.2.6 Disabilities

Indicative Check-list for disabilities

(The British Psychological Society's Code of Ethics and Conduct, 2009)

What is their gender and age?

Have disabled children been registered and assessed?

Prevention and treatment of disabilities

What are the nature and extent of their disabilities?

What are the cultural attitudes towards different disabilities?

Are families of disabled children provided with help to cope with the specific needs of the child ?

4.3 Clinical issues- Migration and psychological structure

4.3.1 Assessment issues (The British Psychological Society's Code of Ethics and Conduct, 2009)

All assessments and interventions should be based on a sound psychosocial perspective, that includes:

- psychological factors
- actual realities of living, along with their financial, medical, spiritual
- other considerations: issues of intrapsychic factors; interpersonal interactions; wider socio-political and cultural parameters should be within the context of the actual reality of their everyday lives

4.3.2. Boundaries

(The British Psychological Society's Code of Ethics and Conduct, 2009)

- When working with asylum seekers, it can be distressing and worrying to see someone who is destitute, or surviving on very little money and with often very few personal possessions.
- Each service needs to develop their own protocol for coping with these challenges.
- It is important for the practitioner to avoid being the person who directly gives money, presents or clothes to the refugees they work with.
- Instead, signpost the person the practitioner works with to relevant agencies and colleagues.
- Many asylum seekers will have lost their family either through forced separation or death. They may feel very isolated in their host country and regard practitioners as part of their new family. Refugees often say things like: 'you are my mother now' or 'you are my new daughter' or when referring to the team, 'this is my family now'.
- While this may be appropriate it can be helpful if the differences between the professional helping relationship and those with a member of the family are thoughtfully explained.
- Our professional relationship with the person in need will end eventually, and it is kinder and more ethical to gently explain the boundaries and limitations of this professional relationship.

4.3.3. Issues of concern to be aware of (Volkan, 2017).

Make the refugee the scapegoat: as the source of all problems and discontent

How parents perceive and treat their children during adverse conditions and the ways they transmit their emotions may cause the child to evolve as a “living statue”.

Parents may unconsciously “deposit” their traumatized self-and object-images related to dislocation into the developing self-representation of the child and give her different tasks to deal with such images.

Guilt reinforced by being a survivor while beloved people left behind or in danger

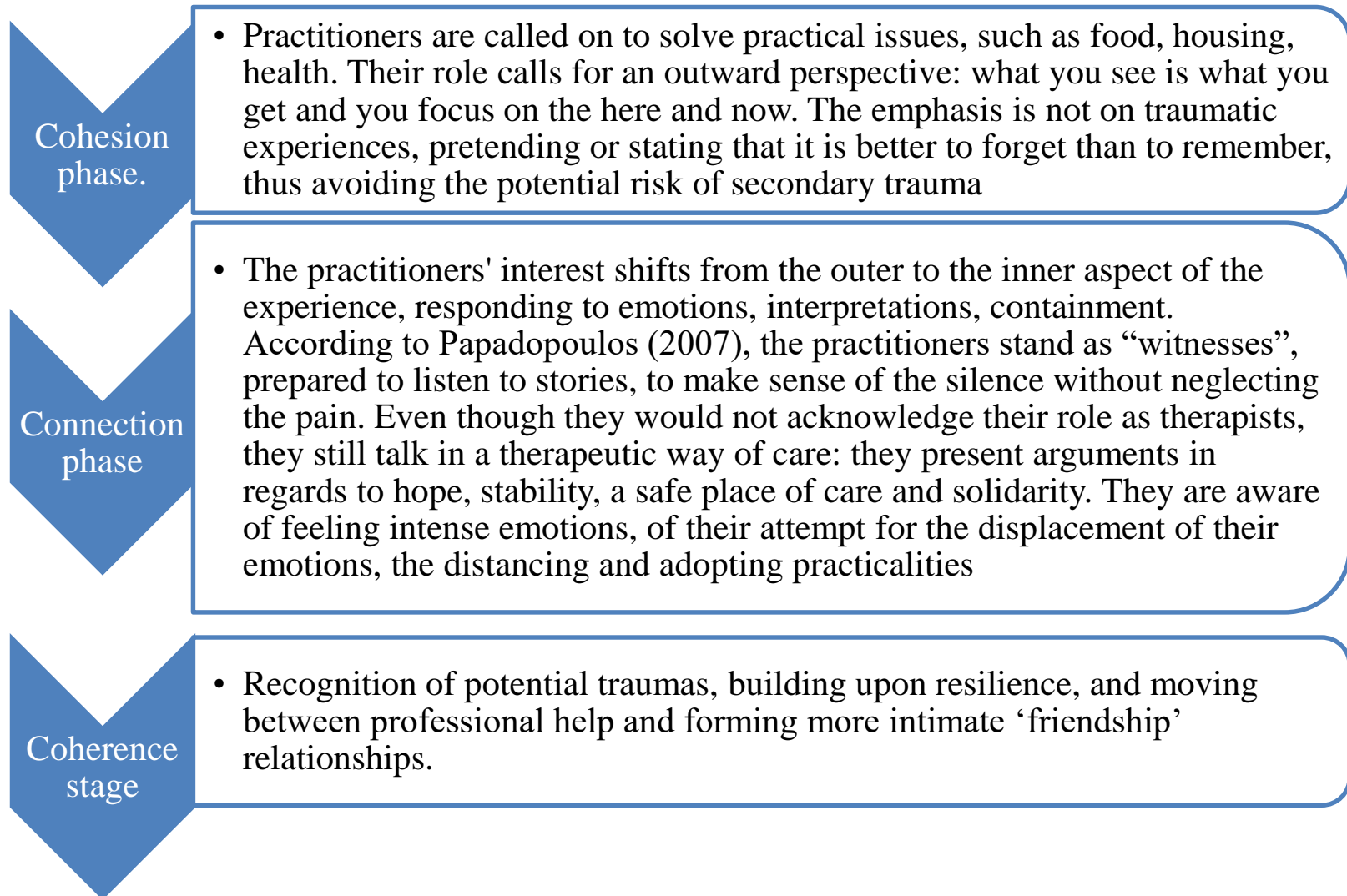
Activation of a fantasy (refugees) that the past contains all “good” things along with their gratifying affective links. Experiences of a sense of discontinuity

Parents as dislocated and children as “exiled”: this means that moving from one location to a foreign one involves losses [e.g. in terms of families and social support] and abilities to mourn or resist the mourning process

Physical borders can become psychological borders protecting large-group identities

Awareness of double mourning for adolescents who leave their childhood along with moving to a new country

4.3.4 Professional identity stages and recognition of traumas (Kohli, 2006)

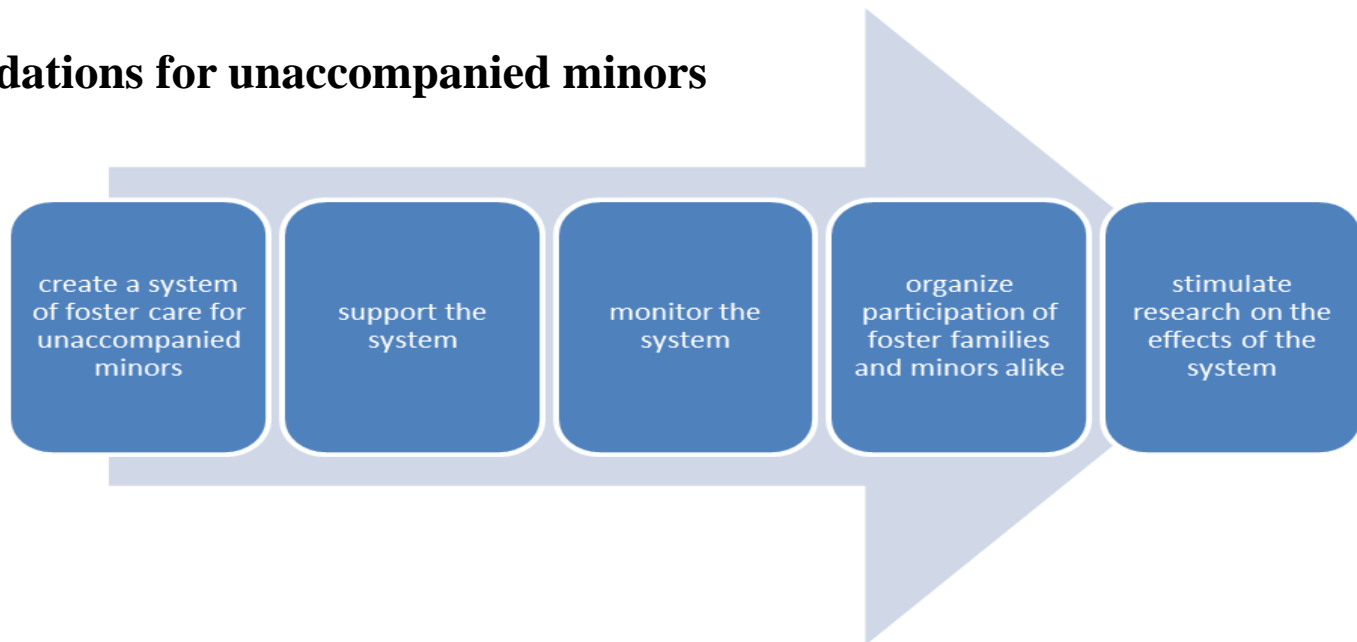


4.4. Family focus- Migration and family matters

4.4.1 Familial separation (Swedish Association of Local Authorities and Regions, 2015)

- A large proportion of migrant/refugee families involve family separations.
- Theories of object relations, attachment and loss, ambiguous loss (Boss, 1999): when somebody is either physically present but psychologically unavailable or physically absent but psychologically present.
- Impact on children: acting out, detachment

Recommendations for unaccompanied minors



4.4.2 General recommendations for foster care to unaccompanied minors (Swedish Association of Local Authorities and Regions, 2015)

- stimulate improvement of the system
- develop tools and training for foster carers and the professionals working with them (the development of tools and training at European level is a logical development as the work is largely the same in each country and economies of scale can be applicable)

Source: Reception and living in families (RLF). Overview of family-based reception for unaccompanied minors in the EU Member States. Nidos, Swedish Association of Local Authorities and Regions, 2015 (Retrieved <http://www.scepnetwork.org/images/21/276.pdf>)

4.5 Migration and education

(The British Psychological Society's Code of Ethics and Conduct, 2009)

Migration and Education

- Swift access to education and well-planned initial school-based assessments are key in helping these children integrate successfully.
- Be aware of local political, cultural and religious issues as well as wider geopolitical and national ones. You should understand, and work with the community the refugees and asylum seekers are coming into, as well as the schools, nursery or colleges.
- Challenge dichotomous thinking. Not all children will have experienced traumatic events, although most will have experienced some key losses.
- Consider the impact of socio-economic facts, age, and language skills to make sense of educational, social and psychological outcomes
- Be mindful that some children and young people may distrust interpreters because of past experience or specific cultural interaction between the child and the interpreter.
- Be aware that a young person's leave to remain could be revoked at the age of 18.
- This is a key developmental and educational transition point, and may impact on their life and their ability to complete/attain formal qualifications.

4.5.2 Supporting schools and educational settings (BPS, 2009)

Preparing the school, nursery or college system

Specific social inclusion tools such as MAPs: Making Action Plans (O'Brien & Forest, 1989); and PATHs: Planning Alternative Tomorrows with Hope (Pearpoint et al., 2001) successfully used to work toward successful social inclusion.

The educational practice should not be a one off. Continuous intercultural and diversity education is important for staff and pupils and the wider community.

Involving the refugee and asylum seeker community: Engaging and involving the family and the community is key in ensuring the longer-term social inclusion, and improved outcome for children from refugee and asylum-seeking families.

Psychologists can work with educational settings to ensure that schools provide detailed information about themselves and academic structure and goals.

Assess such children in their home language and correct dialect.

Don't automatically place children in lower-attaining groups if Greek is not their first language; assess them on their previous schooling, ability and needs.

Engage the community and whole school so that these children and young people can be quickly integrated.

5. Other resources on good practices

5.1 Resources from Greece

1) Scientific Committee for the support of refugee children. Educating refugee children

https://www.minedu.gov.gr/publications/docs2017/16_06_17_Epistimoniki_Epitropi_Prosfygon_YPPETH_Apotimisi_Protaseis_2016_2017_Final.pdf

2) Displaced Children's Rights (July-December 2016). The Greek Ombudsman and UNICEF on monitoring children's flows in Greece

<https://www.synigoros.gr/resources/20170420-ekthesi-mixanismos.pdf>

3) Passages: Training through experiential learning UNCHR in collaboration with The General Secretariat for Lifelong Learning (2012-2013). (See material and video)

https://www.unhcr.gr/fileadmin/Greece/mathitikosDiagonismos/Passages/PASSAGES_GREEK_FINAL.pdf

https://www.youtube.com/watch?v=0kJ10XwraqA&feature=c4-overview-vl&list=PLDhxOid2aiAFz_GX6sE6tGc_TXA1xCQA75e

4) Greek Network for Drama in Education: "What if it was you?"

<http://www.theatroedu.gr/el-gr>

5.2 International Guidelines for practitioners

5) War Trauma Foundation in collaboration with World Vision International (WVI), World Health Organization (WHO) & WHO Regional Office for the Eastern Mediterranean). Psychological First Aid: Facilitator's Manual for orienting field workers (edited in Greece by N. Gionakis, Day Center Babel, 2016)

<http://apps.who.int/iris/bitstream/10665/102380/8/9786188273702-gre.pdf>

6) IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings

http://www.who.int/mental_health/emergencies/guidelines_iasc_mental_health_psychosocial_june_2007.pdf

7) PROBLEM MANAGEMENT PLUS (PM+) Individual psychological help for adults impaired by distress in communities exposed to adversity. WHO generic field-trial version 1.0, 2016 Series on Low-Intensity Psychological Interventions – 2

http://apps.who.int/iris/bitstream/10665/206417/1/WHO_MSD_MER_16.2_eng.pdf

8) An Overview of Children's Protection Needs in Syria 2018. Whole of Syria (WoS) Child Protection Area of Responsibility (AOR) is in line with the No Lost Generation (NLG) strategic framework and is driven by two operational priorities: i) strengthening the quality of community-based child protection interventions and (ii) expanding the availability of quality specialised child protection services, including case management).

<https://reliefweb.int/sites/reliefweb.int/files/resources/child.pdf>

5.3 Guidance for refugee operations

9) Operational Guidance Mental Health & Psychosocial Support Programming for Refugee Operations:

<http://www.unhcr.org/protection/health/525f94479/operational-guidance-mental-health-psychosocial-support-programming-refugee.html>

10) A Psychosocial framework for work with refugees Renos K. Papadopoulos

<http://southeastsafenet.eu/sites/default/files/3.pdf>

11) The ENGI-project is a project funded under the European Commission European Refugee Fund (ERF) aiming to improve guardianship services in the EU Member States. The project is implemented by NIDOS Foundation from the Netherlands and Refugium from Germany. The Foundation NIDOS is the Dutch guardianship institution for unaccompanied minor refugees and asylum seekers.

<http://www.epim.info/wp-content/uploads/2011/02/ENGI-Report-Towards-a-European-Network-of-Guardianship-Institutions.pdf>

12) NIDOS – Guardianship institution for unaccompanied minor asylum seekers

<http://www.europarl.europa.eu/document/activities/cont/201110/20111019ATT29750/20111019ATT29750EN.pdf>

13) Migrants in Countries In Crisis Initiative (MICIC) (2016). Integrating migrants in emergency preparedness, response and recovery in their host countries. Reference handbook (283 pages).

Geneva: IOM

14) United Nations High Commissioner for Refugees. Operational Guidance. Mental Health and psychosocial support programming for refugee operations. Geneva: United Nations High Commissioner for Refugees, 2013 (86 pages)

15) The language of asylum (Kirkwood, Goodman, McVitte, McKinlay, 2016).

6. Conclusions: Mainstream assumptions

- The main axes of service provision (Watters, 2005) negotiate specific dilemmatic situations such as
 - issues of separation and integration,
 - control versus autonomy,
 - projects designed top down or bottom up,
 - emphasizing participation and trajectories addressing immigration control versus welfare.
- We need to take into consideration, two mainstream assumptions in the work with refugees and migrants.
 - **The role of international organizations** - given their project-based and their proximity to Western receiving states, it is bound to be involved in some of the toughest measures against undocumented migration. Migration politics cannot be understood without considering the ‘migration industry’ and the private interests of the actors benefiting from the commercialisation of migration (Pecoud, 2017).
 - **The sense of belonging and psychosocial care for refugees.** The sense of belonging is a dynamic process, instead of a reified fixity, with a naturalized construction of a particular hegemonic form of power relations. Constructions of belonging reflect emotional investments and desire for attachments. Therefore, the transitions of migrants and refugees should be seen as combined processes of being and becoming, belonging and longing to belong.

6. Conclusions: Uncertainty - Displacement

- The participating practitioners as humanitarian actors working in different national and international NGOs and educational posts, hold **different roles** depending upon the levels of hierarchy such as heads of regional offices to recently appointed field workers.
- A significant source of **uncertainty** relates to the fact that refugees do not have access to clear or convincing information. They are continually evaluating their safety and the best strategy for protecting themselves, in the middle of rumors, and contradictory accounts and terrified of pain, loss and death.
- People's future orientation may change during a **prolonged period of displacement**. Even when people are 'moving on' and developing their lives in displacement, they remain fixed within a political status and a humanitarian category that continues to produce uncertain futures.
- Displacement, the movement from one place to another, relates to questions of mobility, who moves, where and why. This process presupposes an understanding of the **relations of power** that shape that mobility, processes of inclusion and exclusion.
- The category '**protracted refugee situation**' fixes refugees to particular locations such as camps and collective centres and thus reduces them to the dehistoricized humanitarian category of refugees.

6. Conclusions: Temporality & space

- **Temporality and space** are interrelated closely. States of emergency are negotiated in terms of temporal and spatial insecurity within a humanitarian and/or political framework (temporality and emergency, transitions, change, discontinuity, pre-/post-migration, short vs long term interventions and policies, disruptions, temporal ruptures, past vs present vs future) (Fassin & Pandolfi, 2010)
- **Refugee people are represented as living in limbo**, passive in their longing of the past and consequently devoid of agency, with the practitioners' attempts to move them from limbo to liminality.
- The temporal orientation of refugees often circles **around the past and the future**; as if they dream about a future they cannot reach, which often lies in the past and is represented by the places and lives they were forced to leave.
- In terms of **space** (camps, houses, reception centers, community centers, street-work, protective guidance, schools, police stations, circulation, mobility in lives, safe space, push backs, place identity, border politics), practitioners were negotiating the **place identities of refugees** as an attempt to subvert the dehumanizing state policies by resisting, claiming and facing conflicts regarding their role.

6. Conclusions: Humanitarianism

- ‘There is no axiological neutrality in **humanitarianism**. From the outset, the humanitarian sector stands in the sphere of ethics: located above private and political interests, with the aim of saving lives and alleviating suffering in a time of crisis’ (Resseguier, 2018, p. 62) .
- The ethics concept moves in between morality in a particular cultural context and law conception based on the notion of justice and legislation (Fassin, 2008).
- ‘There is an inevitable and inherent **inequality in any helping relationship**. This inequality is composed of capacities, that is, humanitarian resources and competencies, to respond to the needs and vulnerability of crisis-affected individuals and communities’ (Resseguier, 2018, p. 70).
- This constitutive asymmetry can lead to either **abuse of power** (people objectified and losing the sight of human being, with the adoption of managerial or mechanical attitudes towards refugees) or **lack of recognition** (that is related with the becoming of the relationship functional or utilitarian and the ‘helped’ feeling that no substantial help is being offered to them).

Good practice in psychosocial support for refugees

Autonomy in terms of involvement in decisions and worthiness of the field practitioners' role

Provision of ongoing supervision of workers to avoid burn out

Resilience as a collective form or practice

Interventions that adopt phases with priorities such as practical family and social support followed by other needs. Need for stepped care models

Advocacy that does not shy away from issues of social justice or from acknowledging the broader socio political context

Problematizing the psychological discourse and practice

Training based on the status of evidence-based practices in the field

Contextualization of psychosocial support and mental health distress. We know that programs built on existing community structures improve outcomes in terms of resilience and cohesion

Conclusions

- The reality of safety and normalcy is a varied context, sometimes undermining the sense of hope that we claim to be providing through our interventions.
- Practitioners as ‘outside experts’ might be ignorant of local and cultural norms and raise expectations that are unmet.
- Addressing psychosocial needs in the context of refugees implies collective and community initiatives for enhancing belonging and desistance from the prevailing culture and practice of the biomedical model.
- The psychosocial support suggests collective responses that empower the population in need and break with individual or personal growth projects above collective social accountability (Sousa & Marshall, 2015).
- Need for psychosocial interventions that foster community initiatives, encourage a sense of control and counteract the dependency and inertia in many refugee settings (Silove, Ventevogel, & Rees, 2017).

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Movies to be seen

- [La promesse](#) (1996). **Directors:** [Jean-Pierre Dardenne](#), [Luc Dardenne](#)
- [It's a Free World...](#) (2007). **Director:** [Ken Loach](#)
- [Incendies](#) (2010). **Director:** [Denis Villeneuve](#)
- [Le Havre](#) (2011). **Director:** [Aki Kaurismäki](#)
- [In This World](#) (2002). **Director:** [Michael Winterbottom](#)
- [Le silence de Lorna](#) (2008). **Directors:** [Jean-Pierre Dardenne](#), [Luc Dardenne](#)
- [Beyond Borders: The Debate Over Human Migration](#) (2007). **Director:** [Brian Ging](#) | Stars: [Noam Chomsky](#), [Jim Gilchrist](#)
- [Insyriated](#) (2017). **Director:** [Philippe Van Leeuw](#)
- [Human Flow](#) (2017). **Director:** [Ai Weiwei](#). Writers: [Chin-Chin Yap](#), [Tim Finch](#)
- [Short Term 12](#). (2013). **Director:** [Destin Daniel Cretton](#)
- **Films for children and adolescents**
- <http://www.neanikoplano.gr/allmovies>